CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0789	3	Birney Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
	omplete and submit with submitted for the elemeral of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			7 Red Bluff Loop			
Printed Name of Aut	horized Official		City	Ziı	o Code	
			Birney	59	012	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0790	4	Forsyth Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	Mem 44 EL		f a percent.)	
	submitted for the elem					
This is to certify that I knowledge and belief:		irect cost rate proposa	al submitted herewit	th and to the be	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson				
Printed Name of Aut	horized Official					
Timed Name of Add			-	-		
Title			1015/11			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0791	4	Forsyth H S		44	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	(Round to nearest hundredth (X.XX%) of a percent.) of each application for Indirect Cost Rate. A separate I high school district. A copy of this certification will be ate proposal submitted herewith and to the best of my nal indirect cost rate for the periods indicated above are ederal award(s) to which they apply and OMB Circular s." Unallowable costs have been adjusted in allocating ect Cost Allocation - Schedule A. able to Federal awards on the basis of a beneficial or a the agreements to which they are allocated in same costs that have been treated as indirect costs hillar types of costs have been accounted for consistently by accounting changes that would affect the reperson Street Address or P.O. Box Box 319 City Zip Code Forsyth 59327 Date		f a percent.)	
	submitted for the elem					
This is to certify that I knowledge and belief:		irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Printed Name of Aut	horized Official		City	Zij) Code	
			Forsyth	59	327	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арр	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0792	6	Lame Deer Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
	omplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the indi	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
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	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			Box 96			
Printed Name of Aut	horized Official		City	Ziı	o Code	
			Lame Deer	59	043	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY200	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0794	12	Rosebud Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the bo	est of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Printed Name of Aut	harizad Official		Box 38 City Zip Code			
Printed Name of Aut	morized Official		City	Z1	Code	
			Rosebud	59	347	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0795	12	Rosebud H S		44	HS	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
	omplete and submit with submitted for the elem ral of your rate.					
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			Box 38			
Printed Name of Aut	thorized Official		City	Zip	Code	
			Rosebud	593	347	
Title			Date	•		
Send comp	leted form to:					
Ocha comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0796	19	Colstrip Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box PO Box 159			
Printed Name of Aut	horized Official		City	Zij	p Code	
			Colstrip	59	323	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0797	19	Colstrip H S		44	HS	
Proposed Restricte	d Indirect Cost Rate	% (Ro	und to nearest hundr	edth (X.XX%) of	a percent.)	
	omplete and submit with submitted for the elem ral of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gother attached Predeterm	nts of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OME en adjusted in	3 Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			PO Box 159			
Printed Name of Aut	thorized Official		City	Zip	Code	
			Colstrip	593	323	
Title			Date			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0800	32J	Ashland Elem		44	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Printed Name of Aut	horized Official		Box 17 City Zip Code			
			Ashland		003	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
1230	6	Lame Deer H S		44	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I knowledge and belief:	have reviewed the indi	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
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	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			Box 96			
Printed Name of Aut	horized Official		City	Ziı	o Code	
			Lame Deer	59	043	
Title			Date			
Send comp	Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арр	proved Rate for FY200	04	Date Approved			
			Signature			